

DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10748071

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
NO.	REQ	DEP	REQ	DEP	REQ	DEP	NO.	REQ	DEP	NO.	REQ	DEP
1	/		/				51					
2	/		/				52					
3							53					
4	/		/				54					
5	/		/				55					
6	/		/				56					
7	/		/				57					
8	/		/				58					
9	/		/				59					
10	X	X	/				60					
11	/		/				61					
12	X	X	/				62					
13	X	X	/				63					
14	X	X	/				64					
15	X	X	/				65					
16	X	X	/				66					
17	X	X	/				67					
18	/		/				68					
19	/		/				69					
20	X	X	/				70					
21	X	X	/				71					
22	/		/				72					
23	/		/				73					
24	/		/				74					
25	/		/				75					
26	X	X	/				76					
27	X	X	/				77					
28	/		/				78					
29	/		/				79					
30	/		/				80					
31	/		/				81					
32	X	X	/				82					
33	X	X	/				83					
34	X	X	/				84					
35	X	X	/				85					
36	X	X	/				86					
37	X	X	/				87					
38	X	X	/				88					
39	X	X	/				89					
40	/		/				90					
41	/		/				91					
42	/		/				92					
43	X	X	/				93					
44	X	X	/				94					
45	X	X	/				95					
46	/		/				96					
47	/		/				97					
48	/		/				98					
49	/		/				99					
50	/		/				100					
TOTAL REQ.	4		2				TOTAL REQ.					
TOTAL DEP.	85		9				TOTAL DEP.					
TOTAL CLAIMS	89		11				TOTAL CLAIMS					

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